Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
TREATMENT INDICATORS				
Diabetes Group				
Diabetes: Poor Glycemic Control: Assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase [intermediate outcome]	During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase above the FY 2004 level.	During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase above the FY 2005 level.	Yes	Telehome health may help address this standard via enhanced case management in the evolving chronic care model.
Diabetes: Good Glycemic Control: Address the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control. [intermediate outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal improved glycemic control at the FY 2005 level.	Yes	Telehome health may help address this standard via enhanced case management in the evolving chronic care model.
Diabetes: Blood Pressure Control: Address the proportion of patients with diagnosed diabetes that have achieved blood pressure. [intermediate outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level.	Yes	Telehome health may help address this standard via enhanced case management in the evolving chronic care model.
Diabetes: Dyslipidemia Assessment: Address the proportion of patients with diagnosed diabetes assessed for dyslipidemia. [intermediate outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2005 level.	Yes	Telehome health may help address this standard via enhanced case management in the evolving chronic care model.
Diabetes: Nephropathy Assessment: Address the proportion of patients with diagnosed diabetes assessed for nephropathy. [intermediate outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.	Yes	Telehome health may help address this standard via enhanced case management in the evolving chronic care model.

Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
Diabetic Retinopathy: Address the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites. [intermediate outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate.	During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2005 level.	Yes	IHS JVN program has demonstrated improved screening rates and subsequent laser treatment for identified retinal disease.
Cancer Screening Group				
Cancer Screening: Pap Smear Rates: Address the proportion of eligible women patients who have had a Pap screen within the previous three years. [intermediate outcome]	During FY 2005, maintain the proportion of eligible women who have had a Pap screen within the previous three years at the FY 2004 levels.	During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.	Yes	Mobile women's health services will be provided in the Aberdeen Area. This service delivery will include tele-mammography services and real-time access to information systems.
Cancer Screening: Mammogram Rates: Address the proportion of eligible women who have had mammography screening within the last 2 years. [intermediate outcome]	During FY 2005, maintain the proportion of eligible women patients who have had mammography screening at the FY 2004 rate.	During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.	Yes	Digital mammography, with real-time interpretations available via telehealth, can enhance opportunities for screening. Mobile service deliver is possible.
Cancer Screening: Colorectal Rates: Address the proportion of eligible patients who have had appropriate colorectal cancer screening. [intermediate outcome]	No indicator.	During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.	Yes	General surgeons at referrals facilities may offer pre-endoscopy counseling via telemedicine to patients in remote clinics.
Alcohol and Substance Abuse Group				
RTC Improvement/Accreditation: Assure quality and effectiveness of Youth Regional Treatment Centers. [intermediate	**RTC Accreditation:** During FY 2005, the Youth Regional Treatment Centers that have been in operation for 18 months or more will achieve 100% accreditation either through	**RTC Accreditation:** During FY 2006, the Youth Regional Treatment Centers that have been in operation for 18 months or more will achieve 100 % accreditation either through CARF,	Possibly	Might access to services via telemedicine for YRTCs assist with accreditation?

Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
outcome; changes to output in 05]	CARF or a comparable accreditation process.	or a comparable accreditation process.		
Alcohol Screening (FAS Prevention): Address screening for alcohol use in appropriate female patients. [intermediate outcome]	During FY 2005, increase the screening rate for alcohol use in women of childbearing age over the FY 2004 rate.	During FY 2006, increase the screening rate for alcohol use in females ages 15 to 44 over the FY2005 rate.	Yes	Models for improving FAS screening may be shared via videoconferencing (e.g. CMS network, other distance learning avenues).
Oral Health				
Fluoridated Water: Address access to optimally fluoridated water for the AI/AN population. [intermediate outcome]	During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.	During FY 2006, increase by 1% (1) the number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the number of American Indian and Alaska Native patients receiving at least one topical fluoride application above the FY 2005 levels.	No	
Dental Access: Address the proportion patients who obtain access to dental services. [intermediate outcome] EFFICIENCY MEASURE	During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.	Yes	Headstart screenings by dental technicians can be shared real-time – via regular phone lines – with dentists in I/T/U facilities.
Dental Sealants: Address the number of sealants placed per year in American Indian and Alaska Native patients. [intermediate outcome]	During FY 2005, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level.	During FY 2006, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.	No	

Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
Diabetes: Dental Access: Address the proportion of patients diagnosed with diabetes who obtain access to dental services. [intermediate outcome]	During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2005 level.	Yes	Telehome health may help address this standard via enhanced case management in the evolving chronic care model.
Family Abuse, Violence, and Neglect Indicator				
Domestic (Intimate Partner) Violence Screening: Address the proportion of women who are screened for domestic violence at health care facilities. [intermediate outcome]	During FY 2005, the IHS will maintain the screening rate for domestic violence in females ages 15 through 40 at the FY 2004 rate.	During FY 2006, increase the screening rate for domestic violence in females ages 15 through 40 over the FY 2005 rate.	Yes	Models for improving screening may be shared via videoconferencing (e.g. CMS network, other distance learning avenues). Could screening also occur via community/school-based kiosks?
Information Technology Development Group				
Data Quality Improvement: Expand the automated extraction of GPRA clinical performance measures and improve data quality.	During FY 2005, implement a national program to improve the quality, accuracy and timeliness of Resource Patient Management System (RPMS) Patient Care Component (PCC) clinical data to support the Agency's GPRA clinical measures by expanding the current automated data quality assessment "package" to include two new additional clinical measures.	During FY 2006, continue the automated extraction of GPRA clinical performance measures through ongoing development and deployment of CRS (clinical indicator reporting system) software.	No	
Behavioral Health: Expand the Behavioral Health Data System by increasing use of appropriate software applications.	During FY 2005, expand the Behavioral Health (BH) Data System by increasing the number of sites using the RPMS Behavioral Health (BH) software	A new behavioral health clinical indicator will be developed for FY 2006 that utilizes the enhanced functionality in the IHS Integrated Behavioral Health (IBH)	Indirect help	BH package implementation may enhance tele-mental use, due to integrated medical record documentation capability.

Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
	application over the FY 2004 level.	application and reflects patient outcomes. The IBH application will be deployed within the IHS Electronic Health Record by the end of FY 2005.		
Urban IS Improvement: Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status, and patient care data for the Indian health system.	During FY 2005, IHS will have in place contract and grant requirements for all urban Indian programs to provide a specified data set in a standard format.	During FY 2006, IHS will establish baseline participation in urban data sharing.	Indirect help	Increased access to telehealth services may encourage participation in data sharing.
Quality of Care Group				
Accreditation: Maintain 100% accreditation of all IHS hospitals and outpatient clinics.	During FY 2005, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2006, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	Yes	Telehealth improves access to services that aid facilities in meeting clinical service, distance learning, and facility leadership goals.
Medication Error Improvement: Address medication errors by developing a reporting system to reduce medication error. [intermediate outcome]	During FY 2005, all direct care facilities shall be using the NCCMERP nationally recognized medication error definition, and shall have a non-punitive multi-disciplinary medication error reporting system in place.	During FY 2006, IHS will establish and evaluate a medical error reporting system at 3 areas	Yes	Tele-pharmacy may assist facilities and regions with reducing sources of medication error identified by a reporting system.
PREVENTION INDICATORS				
Public Health Nursing Indicator				
Public Health Nursing: Address the number of public health nursing services (primary and secondary treatment and preventive services) provided by	During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to	During FY 2006, a new interim outcome indicator will be developed.	Yes	Community-based services – in homes, schools, and community centers - are enhanced by telehealth service delivery.

Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
public health nursing. EFFICIENCY MEASURE	individuals in all settings at the FY 2004 workload levels.			
Immunization Group				
Childhood Immunizations: Address rates for recommended immunizations for AI/AN children 19-35 months. [intermediate outcome]	During FY 2005, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY2004.	During FY 2006, maintain baseline rates for recommended immunizations for AI/AN children 19-35 months compared to FY 2005.	No	
Adult Immunizations: Influenza: Address influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. [intermediate outcome]	In FY 2005, maintain FY 2004 rate for influenza vaccination levels among non-institutionalized adult patients aged 65 years and older (ON HOLD in FY 2005 due to influenza vaccine shortage)	In FY 2006, maintain FY 2005 rate for influenza vaccination levels among non-institutionalized adult patients aged 65 years and older	No	
Adult Immunizations: Pneumovax: Address pneumococcal vaccination rates among non-institutionalized adult patients age 65 years and older. [intermediate outcome]	In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	In FY 2006, maintain the FY 2005 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	No	
Injury Prevention Group				
Injury Intervention: Support community-based injury prevention programs.	**Web-based reporting:** During FY 2005, develop a web-based data collection system to report injury prevention projects.	**Web Based Reporting:** During FY 2006, implement a web-based data collection system to report injury prevention projects.	No	

Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
Unintentional Injury Rates: Address the number of unintentional injuries for AI/AN people. [outcome]	During FY 2005, reduce deaths caused by unintentional injuries to no higher than the FY 2004 level.	During FY 2006, reduce deaths caused by unintentional injuries to no higher than the FY 2005 level.	Yes	Best practice models for injury prevention may be shared via videoconferencing (e.g. CMS network, other distance learning avenues).
Suicide Prevention Indicator				
Suicide Surveillance: Support suicide prevention by collecting comprehensive data on the incidence of suicidal behavior. [Changes to intermediate outcome in FY 2006]	During FY 2005, integrate the Behavioral Health suicide reporting tool into RPMS	During FY 2006, establish baseline data on suicide using the RPMS suicide reporting tool.	No*	While telehealth may not assist with data collection, it can assist with prevention and intervention programs.
Developmental Prevention and Treatment				
CVD Prevention: Cholesterol: Support clinical and community-based cardiovascular disease prevention initiatives. [Changes to intermediate outcome in FY 2005]	**CVD Prevention: Cholesterol:** During FY 2005, establish the number of patients ages 23 and older that receive blood cholesterol screening	During FY 2006, increase the number of patients ages 23 and older that receive blood cholesterol screening.	Yes	Telehome health enhances case management in the evolving chronic care model.
Obesity Assessment: Support clinical and community-based obesity prevention initiatives. [intermediate outcome]	During FY 2005, each area will increase the number of patients for whom BMI data can be measured by 5% percent.	During FY 2006, establish the obesity rates in children, ages 2-5 years. (Under review; may be revised)	Yes	Telehealth to chapter houses on the western Navajo Nation includes fitness/exercise classes.
Tobacco Use Assessment: Support local level initiatives directed at reducing tobacco usage. [intermediate outcome]	During 2005, rates of screening for tobacco use in patients ages 5 and older will be maintained at FY 2004 rates.	During 2006, establish the rates of tobacco using patients that receive tobacco cessation intervention.	Yes	Educational information may be shared with students/schools via videoconferencing. (A Virtual Diabetes Care project in AZ lets students in different parts of the state meet via vtc.)
HIV/AIDS Group				
HIV Screening/Status:	**Prenatal HIV Screening:**	**Prenatal HIV Screening:**	Yes	Best practice models for HIV

Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
Support screening for HIV infections in appropriate population groups. [intermediate outcome]	In FY 2005, establish baseline-screening rates for HIV in pregnant female patients.	In FY 2006, increase the screening rates for HIV in pregnant female patients.		screening may be shared via videoconferencing (e.g. CMS network, other distance learning avenues).
Environmental Surveillance: Implement automated web-based environmental health surveillance data collection system in tribal systems.	By the end of FY 2005, 12 environmental health programs will have reported the regionally appropriate environmental health priorities based on current community data into WebEHRS.	By the end of FY 2006, 50% more environmental health programs above FY 2005 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 18 programs in FY 2006) into WebEHRS.	No	
CAPITAL PROGRAMMING/INFRASTRUCTURE INDICATORS				
Sanitation Improvement: Provide sanitation facilities to new or like-new homes and existing Indian homes. [outcome] EFFICIENCY MEASURE	During FY 2005, provide sanitation facilities projects to 22,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2006, provide sanitation facilities projects to 22,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	Indirectly	Engineers may use videoconferencing for project planning and collaboration.
Sanitation Improvement A. During FY 2006 20% of the homes served, will be at Deficiency Level 4 or above as defined by 25 USC 1632	No indicator.	During FY 2006 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	No	
Health Care Facility Construction: Improve access to health care by construction of the approved new health care facilities. [outcome]	During FY 2005, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of identified health care facilities.	During FY 2006, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of identified health care facilities.	Yes	Planning for telehealth prior to new facility construction may greatly enhance access to care/system efficiencies.

Performance Indicator	2005 Target	2006 Target	Can Telehealth Help?	How?
Administrative Efficiency, Effectiveness, and Accountability Group				
CHS Procurement Improvement: Improve the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements at the IHS-wide reporting level.	Eliminated in FY 2005 due to the Medicare Modernization Act that makes CHS negotiated contracts obsolete. **Moves to Treatment group in FY 2006.**	IHS will develop a new indicator will be developed. **Moves to Treatment group in FY 2006.**	Yes	Access to services via telehealth – either to regional specialists or via collaborative contracting to ViRtual Centers of Excellence – may greatly aid rates and cost efficiencies.
Quality of Work Life and Staff Retention Group				
Scholarships: Assess scholarship program for placement and efficiency. EFFICIENCY MEASURE.	During FY 2005, the IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation by 2% over the established FY 2004 baseline. **Moves to Treatment Group in 2006**	During FY 2006, IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation over the established FY 2004 baseline. **Moves to Treatment Group in 2006**	No	